

SOUTH DAKOTA

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly-funded substance abuse prevention, treatment and recovery systems. The SSA in South Dakota is the Division of Alcohol and Drug Abuse within the Department of Human Services.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly-funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. South Dakota's SAPT Block Grant allocation in FY 2009 was \$4,920,793— representing approximately 21 percent of the Division's budget.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. In all, treatment services are provided through 58 state-accredited facilities throughout South Dakota. In a 2008 study of 2,051 adults in South Dakota (75% of whom were mandated to treatment by a court), the following outcomes were reported comparing one year after discharge from services:

- Before treatment, over 30 percent of clients were unemployed; one year after treatment, 9 percent of persons completing treatment were unemployed.
- Before treatment, 75% of clients had been arrested; one year after treatment, 20% had been arrested.
- There was a 71% reduction in motor vehicle accidents comparing before and one year after treatment.
- Clients completing treatment and abstinent at follow-up were hospitalized 4.6 times less when comparing before treatment to one year after treatment.
- Overall, approximately 50% of those surveyed were abstinent one-year after treatment.

Pregnant and Parenting Women

In 2000, the State established two specialized residential programs for pregnant women and women with dependent children. These programs provide coordinated substance abuse treatment, health care, mental health and supportive services. Supportive services includes prenatal, postpartum and well baby care, child care services, literacy programs, services for teens, HIV/AIDS prevention, vocational training, assisting with education goals (high school diploma or GED), employment training, independent living preparation, relationship skills, legal assistance, and more. From January 2000 to June 2008, approximately 688 women have been admitted to the specialized pregnant women/women with dependent children chemical dependency programs. During SFY 2008, approximately 93 women were residents of the programs.

Prevention Services

The 20 percent prevention set-aside of the SAPT Block Grant represented approximately 42 percent of the State agency's substance abuse prevention funds in SFY 2008 and helped support the following: Prevention Resource Centers for training and prevention libraries; community based services including coalition building; school based services reaching 45,000 of our 130,000 school aged youth in the State; Diversion programming for juveniles entering the criminal justice system due to an alcohol or drug related offense. Data indicate that prevention services are effective. In Rapid City, students in grades 9-12 reported the following outcomes: a 14% decrease in past month substance use (from 48.7% in 2005 to 41.9% in 2006); a 23% decrease in past month tobacco use (from 30.8% in 2005 to 23.8% in 2006); and a 28% decrease in past month marijuana use (from 21.2% in 2005 to 15.2% in 2006). In Sioux Falls, the following outcomes were reported for middle school students: a decrease in use of substances in the past year (from 16% in 2006 to 9% in 2007) and an increase in understanding the harm associated with use of alcohol and marijuana (71% in 2005 to 77% in 2007).

South Dakota Quick Facts

Treatment Admissions

- 15,146 persons served in FY 2008

➤ **Primary substance of abuse at admissions:**

Alcohol	59%
Marijuana	12%
Methamphetamine	5%
Cocaine/Crack	1.2%
Opiates	1%

➤ **Age at Admission:**

20 and Under	18%
21 to 24	12%
25 to 34	24%
35 to 44	21%
45 to 54	17%
55 and over	7%

➤ **Age of First Use:**

21% of clients reported their first use of alcohol or drugs at or before the age of 12 years old

➤ **Gender:**

Male	72%
Female	28%

➤ **Race:**

Caucasian	51%
Native American	43%
African American	2%
Other	2%

➤ **Referral Source:**

Court system	69%
Friend/self/family	10%
Treatment facility	9%
Other	14%

Treatment Gap

- According to the National Survey on Drug Use and Health (NSDUH), 270,000 people in South Dakota needed treatment in 2006. Yet only 16,000 or 6% of those persons needing treatment were ever admitted in 2006.

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability

The State Substance Abuse Agency has developed a number of tools to assist in planning, implementation, oversight and evaluation of the Statewide system of services.

- *The Division of Alcohol and Drug Abuse Advisory Board Council:* The 15 member Council meets quarterly to advise the Division of Drug and Alcohol Abuse concerning Statewide needs; coordination and planning activities between State and local government agencies and private providers; studies for substance abuse prevention, treatment and rehabilitation; and more. Members of the Council are appointed by the Governor and include the Attorney General, Secretary of the Department of Education and Cultural Affairs; Secretary of Social Services; Secretary of Health; Director of Indian Affairs; a pharmacist; a qualified provider of care; four people interested in alcohol issues – 2 of whom must be in recovery from alcoholism; 4 people interested in other drug addiction – two of whom must be in recovery from illicit drug addiction.
- *Billing and Contracting Reviews:* DADA's web based management information system collects the number of units provided to individuals at the provider level in the State Treatment Activity reporting System (STARS) and produces a report that generates a bill that is sent to the auditor's office for payment. In the prevention area, the same process is followed through the KIT's management information system. The information collected through the monthly reports allows the Division to monitor expenditures and adjust agency budgets as needed. The data is also used for rate setting and other Division statistical analysis and as a basis for annual billing reviews conducted by State staff.
- *Improving Provider Performance and Quality:* The Division sponsors quarterly meetings with prevention and treatment providers to review changes in programming or contract requirements, developments pertaining to the data reporting system, and other administrative issues. The Division also provides on-going training to ensure clinically appropriate care is being provided, as well as working to incorporate co-occurring treatment services across the State. In 2008, in the co-occurring area, there were 90 specially trained direct service providers, also known as change agents, working collaboratively with the Division of Alcohol and Drug and the Division of Mental Health to share expertise on co-occurring service delivery. DADA also sponsored training events to assist 40 chemical dependency counselors in obtaining a cultural competency certificate in 2008, 30 chemical dependency counselors to obtain a certificate in the Matrix model and 35 prevention specialists in obtaining coursework to become Certified Prevention Specialists. The Division also engages in on-site prevention and treatment accreditation reviews to ensure core competencies in State-funded programs.
- *Yearly Post-discharge Outcome Studies:* Since 2003, the Division has contracted with Mountain Plains Research to engage in detailed client-level outcomes studies. The systematic research products examine one-year follow-up results for a sample of adolescents and adults completing community-based chemical dependency services, adolescents and adults receiving chemical dependency services in Department of Correction facilities, and adults receiving gambling addiction services. Results examine the impact of treatment on employment, criminal justice involvement, general health care and other important indicators.

Economics of Addiction

The State estimated that in 2006, for every dollar spent on treatment, South Dakota saved \$8.43. Five areas generated these savings: days worked; days of lost work; criminal justice related arrests and prison costs, and overall health care costs.



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